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BEFORE THE
Federal Communications Commission
WASHINGTON, D.C. 20554

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FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF THE SECRETARY

In the Matter of)
)
Amendment of Parts 2 and 95 of the) ET Docket No. 99-255
Commission's Rules to Create a)
Wireless Medical Telemetry Service)

To: The Commission

**COMMENTS OF
INTERNATIONAL ASSOCIATION OF FIRE CHIEFS, INC.,
AND
INTERNATIONAL MUNICIPAL SIGNAL ASSOCIATION**

The International Municipal Signal Association ("IMSA") and the International Association of Fire Chiefs, Inc. ("IAFC"), by their attorney, respectfully submit these Comments in response to the Notice of Proposed Rule Making ("Notice") issued by the Federal Communications Commission ("Commission") concerning the allocation of spectrum and establishment of rules for a Wireless Medical Telemetry Service.¹

I. PRELIMINARY STATEMENT

IAFC is a voluntary, professional membership society. Its membership, comprised of approximately 12,000 senior Fire Service officials, is dedicated to the protection of life and property throughout the United States and abroad. IAFC is the major national professional association representing the interests of senior management in the Fire Service. The Fire Service is the largest provider of emergency response medical service in the United States.

¹ 64 Fed. Reg. 41891 (Aug. 2, 1999).

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IMSA is a non-profit organization dedicated to the development and use of electrical signaling and communications systems in the furtherance of public safety. IMSA members include representatives of federal, state, county, city, township and borough governmental bodies, and representatives of governmental bodies from foreign nations. Organized in 1896, IMSA is the oldest organization in the world dedicated to the activities pertaining to electrical engineering, including the Public Safety use of radio technology.

IAFC and IMSA are recognized as the frequency coordinating committee for the Fire Radio Service and the Emergency Medical Radio Service (“EMRS”) and, in conjunction with the Personal Communications Industry Association (“PCIA”), constitute the recognized coordinating committee for the Special Emergency Radio Service (“SERS”). IMSA and IAFC also are recognized as one of four parties authorized to coordinate the Public Safety Pool frequencies.

II. COMMENTS

Establishment of Wireless Medical Telemetry Service

The Commission proposes to establish a new radio service under Part 95 of the rules and provide a primary frequency allocation at 608-614 MHz and above 1300 MHz to support the communication services necessary for the transmission of patient medical information for real time monitoring purposes. Among the factors necessitating this rulemaking are the increased use of the frequency bands currently relied upon for medical telemetry operations, the FCC’s land mobile “refarming” proceeding and the secondary status of medical telemetry operations. A recent incident involving harmful interference to medical telemetry operations from digital television operations, and the prospect for further incidents of this nature, also demonstrate the need for relocation of medical

telemetry operations.

IAFC/IMSA applaud the work performed by the American Hospital Association (“AHA”) in providing recommendations to the Commission, and commend the Commission for institution of this rulemaking. As IMSA/IAFC can attest from the active involvement of their constituent members in delivering first-responder medical care, patient monitoring and the efficient transmission of patient vital sign information is critical to the delivery of quality medical care. Those same needs exist regardless of whether the patient is enroute to a hospital or is under active care in a hospital or other medical facility environment. Accordingly, IAFC/IMSA support the establishment of discreet regulations for the Wireless Medical Telemetry Service (“WMTS”), just like the Commission established the Emergency Medical Radio Service in 1993,² and support the allocation of appropriate spectrum to this new service on a primary basis.

Frequency Coordination

The Commission, upon recommendation of AHA, proposes that notwithstanding that WMTS would be licensed-by-rule, the use of the WMTS frequencies should be subject to recordation and frequency coordination. The frequency coordinator would maintain a database of users, and would be responsible for notifying prospective and registered users of potential frequency conflicts. In the event of a dispute which the parties could not resolve themselves, the Commission would make the final decision as to selection of the operating frequency for one or both parties. The Commission proposes that a single frequency coordinator be designated to handle all requests nationwide.

IMSA/IAFC fully concur in the Commission’s proposals regarding the need for

² *Amendment of Part 90 of the Commission’s Rules to Create the Emergency Medical Radio Service*, 8 FCC Rcd 1454 (1993)(“EMRS”).

and provision of frequency coordination service. The patient may be at extreme risk if harmful interference is experienced; and notwithstanding the low power of operation, the common practice of clustering medical facilities creates a potential for harmful interference in the absence of active oversight of the use of the WMTS spectrum. The Commission has established a database program with regard to power line carrier operations,³ and that program apparently is well-serving its constituency.

The Commission proposes that the coordinator must be familiar with the medical telemetry user community, and must make its services available to all parties on a first-come, first-served and non-discriminatory basis. These requirements, which are consistent with those established for recognition as frequency coordinator under Part 90 of the Commission's rules, are appropriate. Moreover, while the Commission has moved to a competitive coordination environment under Part 90, IAFC/IMSA respectfully submit that a single coordinator would be more appropriate for the WMTS given that there will be no Commission database. Consequently, designation of multiple frequency coordinators would require, unerringly, the highest degree of cooperation and cross-notification by the recognized coordinators. Considering the well-defined community involved, IAFC/IMSA respectfully submit that a single coordinator is appropriate. This, too, is consistent with the power line carrier frequency notification provisions discussed above.

The Commission further requests comments on whether it should limit the fees the frequency coordinator(s) can charge. IAFC/IMSA believe that doing so is unnecessary. First, the coordinator likely will have ties of some nature to the constituent

³ See 47 C.F.R. §15.113.

users.⁴ To regulate fees, the Commission would be required to investigate costs and determine whether those costs are appropriate, as well as consider the issue of an appropriate return on investment or profit level, if any. The Commission has not found the need to impose fee limits on frequency coordinators in the Part 90 services. Rather, the Commission maintains oversight powers and can, through periodic review and the complaint process, exercise such regulatory control as may be necessary and appropriate.

The Commission invites parties interested in becoming a frequency coordinator for the WMTS to advise the Commission of that interest and of their qualifications. IMSA/IAFC presume that the American Hospital Association will wish to become the recognized coordinator for the WMTS. As the representative of a major constituent user community for this service, as well as the initiating force behind this rulemaking, IMSA/IAFC believe that AHA would be the appropriate party for recognition by the Commission as the frequency coordinator.

In the event AHA is not interested in becoming the frequency coordinator, IAFC/IMSA respectfully submit that they are the most qualified parties to serve (jointly) as the coordinator for the WMTS. Considering that the Fire Service is the largest provider of first-responder medical services in the country, IMSA/IAFC are well familiar with the medical telemetry user community. The Commission has recognized IMSA/IAFC as the coordinator for both the Emergency Medical Radio Service as well as the Special Emergency Radio Service, in addition to being the frequency coordinator for the Fire Radio Service and one of the four frequency coordinators for the Public Safety Service Pool. IMSA/IAFC accordingly have experience in frequency coordination, both generally and for medical service providers, and that experience is unmatched by any

⁴ See discussion below concerning the frequency coordinator appointment.

other organization which performs frequency coordination for other radio services.⁵ As non-profit professional industry associations, neither IAFC nor IMSA has commercial ties to any user interest which would affect their impartiality, and there are no constraints on their ability to provide service on a first-come, first-served and non-discriminatory basis. IAFC/IMSA's record with regard to frequency coordination service rendered to the EMRS, SERS, Fire Radio Service and Public Safety Pool with regard to quality and speed of service and lack of user complaints is unmatched. IAFC/IMSA would be willing to commit to the five-year term suggested in the NPRM, and otherwise to comply with all other applicable policies and procedures for frequency coordination established by the Commission.

The Commission further requests comment on the information to be submitted to the coordinator, and the requirement that said information be made available to users, equipment manufacturers and the public. That information consists of :

1. frequency range(s) used;
2. modulation scheme used;
3. effective radiated power;
4. number of transmitters in use at the health care facility at the time of registration;
5. legal name of the authorized health care provider;
6. location of transmitter (coordinates, street address, building); and
7. point of contact for the authorized health care provider.

IMSA/IAFC concur in the designated information. With regard to disclosure of the database, certainly users, equipment manufacturers and the public have a legitimate interest in knowing how the spectrum is utilized, and where potential interference may be encountered. On the other hand, IMSA/IAFC have some concern about whether routine disclosure of the name of the authorized provider and point of contact is necessary and

⁵ See *EMRS* at 1460.

appropriate. This information can be misused for commercial purposes, as well as raising potential issues relating to the privacy of patient information.⁶ Other than in conflict resolution situations, the technical information itself should be sufficient for interference analysis purposes. IMSA/IAFC would be interested in AHA's views on disclosure of user identification and contact information to third parties.

Finally, the Commission addresses the issue of changes in utilization. The Commission proposes that healthcare providers would be required to notify the frequency coordinator when a device is permanently taken out of service, unless replaced with a device with the same technical characteristics, and of any change in location or other operating parameters. The Commission does not propose to adopt the AHA recommendation that registrations be renewed every five years.

IAFC/IMSA respectfully submit that the five year renewal requirement not only is reasonable, but moreover, is necessary. Unlike Part 90 radio authorizations, there will be no periodic renewal of license authority, since the WMTS will be operated on a non-license basis. Moreover, notification to the coordinator typically will be made by vendors, rather than by users. Further, the users are not "communicators" with responsibility for radio system maintenance, but rather are medical personnel operating equipment which happens to radiate RF energy. It is highly likely under these circumstances that the database will, in fact, become burdened with out-of-date information. Such out-of-date information not only complicates performance by the

⁶ While medical telemetry equipment does not identify patients by name, knowledge of treatment of a high profile patient coupled with medical provider user information could lead to an effort to intercept and monitor patient information. As remote as this may seem, note the necessity for federal legislation prohibiting equipment authorization for scanning receivers capable of monitoring cellular radio communications. *See*, 47 U.S.C. §302a(d), adopted in Section 403 of the Telephone Disclosure and Dispute Resolution Act, Pub. L. 102-556.

coordinator, but also may adversely affect the WMTS as the allocated frequencies become populated if there are misleading records reflecting channel congestion. Additionally, if the database is viewed as inaccurate, vendors may be inclined to ignore the notification requirement. Maintenance of an accurate database is essential to efficient performance of the coordination function.

IMSA/IAFC propose that frequency notification bear a five year expiration date, **and that the coordinator be required to notify registered users of the expiration of their registration and seek reconfirmation of the registered information.** In the absence of an affirmative response, the coordinator would be authorized to treat the registered information as obsolete, and that, in the event of a future frequency conflict with a new user, the Commission would deem the expired registrant as being in a subordinate position should one user be required to change frequencies. Only in this fashion is there a prospect for maintaining the database on a relatively current basis, to reflect changes in location or other terms of operation.

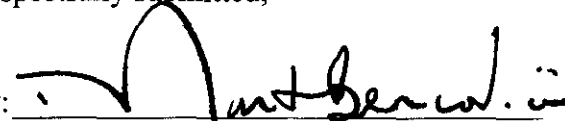
In conclusion, IAFC/IMSA strongly support the establishment of the WMTS, and the allocation of primary spectrum for this service. IAFC/IMSA further support the proposed frequency notification/coordination process as described in the Notice, subject to the modifications suggested herein. IAFC/IMSA recommend recognition of the AHA as the sole frequency coordinator, if the AHA wishes to perform that function. In the event the AHA does not wish to serve as the frequency coordinator, IMSA/IAFC respectfully submit that they are the most qualified parties to serve as frequency coordinator, consistent with the Commission's recognition of IAFC/IMSA as coordinator for the Emergency Medical Radio Service, the Special Emergency Medical Service and also the Fire Radio Service, all of whose constituencies are engaged in the use of

communications for first-responder medical services.

WHEREFORE, THE PREMISES CONSIDERED, the International Association of Fire Chiefs, Inc. and the International Municipal Signal Association respectfully urge the Federal Communications Commission to establish the proposed Wireless Medical Telemetry Service in accordance with the views set forth above.

Respectfully submitted,

By:



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